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# The experience of males entering nursing: A phenomenological analysis of professionally enhancing factors and barriers

## ABSTRACT

### KEY WORDS

nursing; males; attrition; role; gender balance; recruitment; retention; phenomenology

*Males in nursing undoubtedly represent a minority group. However there have been relatively few studies which have investigated their unique experiences, compared with women in male dominated professions. This study conducted in an undergraduate nursing program, analysed the experience of males in nursing regarding (1) decision to enter the profession, during the course, both academic and clinical and (2) methods appropriate for recruiting more males to the profession. In general the results indicate overall positive acceptance of males in nursing, but several factors explored, indicate that change is essential if males are to remain and flourish in the profession.*

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## INTRODUCTION

Gender balance does not currently exist in nursing. At the local level, in the Regional University (the university) in which this study was conducted, male intake over a three year period averaged 17% (out of an average entry cohort of 217). During the same period an average number of male graduates was 14.5% (out of an average total graduate cohort of 117). The average attrition for males over the same three year period was 55.5%, compared to

female attrition of 45%. At the state level, in Victoria (Victorian Nursing Council 1993) 6.5% of nurses are male. In the United States, a National Survey revealed 5% of nurses were male (Williams 2002).

The issue of gender balance in nursing is no doubt multifactorial. It may be, however that there are processes within the profession which maintains the gender status quo. This study explored the male experience, including initial recruitment and retention factors at the local university level.

## LITERATURE REVIEW

Williams (2002) makes the comment that while nursing has made significant inroads in dealing with client ethnic diversity, the RN workforce remains 95% female. She further suggests that in this era of nursing shortages we can no longer ignore 50% of the population in our recruitment programs. Mackintosh (1997) in her

overview of the historical background of men in nursing reported on a 1947 United Kingdom (UK) working party on the 'Recruitment and Training of Nurses'. This report suggested that the reasons for the lack of males in the profession were (1) inherent belief in the naturalism of women as nurses, (2) poor working conditions and low pay, and (3) inability of males to shake off the low reputation men in nursing had acquired. Perhaps things have not changed all that much.

Hood (2002) states that males are sometimes still not accepted by certain patient groups, who still adhere to false stereotypes of males in nursing. Hilton (2002) suggests that the word 'nurse' still carries a strong gender stereotype in our society. This stereotype Hilton believes may be due to the gender bias in nursing recruitment advertisements. Hilton suggests that it would be easy to market nursing for men, and yet she believes the profession appears to avoid it. Whittock and Leonard (2003) question why this situation should prevail, when in theory equal opportunities for males and females exist in all areas of employment. While men can easily enter nursing, what causes the current gender imbalance? Poliafico (1998) believes that nursing's image is still feminine, and that men in nursing are still regarded as somehow different than 'normal males'. Evans (1998) believes that changes will only take place when the ruling notions of gender are challenged and transformed.

Discrimination of males in nursing continues. As recently as the late 1990's Blood (1994) reports that a senior nursing officer in the UK made a public statement that senior nursing posts should not be given to men, on the basis that they were already over represented in these posts. Blood (1994) expresses the view that discrimination of other minorities such as race or religion would not be tolerated in today's politically correct climate.

There is only a very small amount of literature on the experience of male students in nurs-

ing programs. Kelly, Shoemaker and Steele (1996) found that there is a lack of qualitative research on males in nursing, as men enter the dominant female world of nursing. While the Kelly et al. study was undertaken in the United States (which may have a nursing culture different to Australia) and is somewhat dated, it represents one of the few studies found which did explore these issues. Kelly et al. (1996) used a qualitative approach to explore the experiences of males in nursing. The informants suggested that the public perceived nursing as mundane, subservient and possessing little autonomy, whereas they perceived it as altruistic, caring and highly recommended for those who enjoyed working with people. These informants were motivated to remain in the profession because of job security, diversity and autonomy, and were initially supported to enter the profession through family support. Major barriers to enter the profession were a lack of information by school and career counsellors and fears of being perceived as 'unmanly'. A further barrier for these informants was the financial strain of giving up their role as primary income earner to return to study. Other issues expressed by these informants related to the tendency of nursing academics to generalize nursing in the context of the female gender, including males in discussions as an afterthought.

Baker (2001), a Canadian author, commented that while there has been a great deal of study to investigate role strain of women in male dominated professions, there has been little attention given to males in female dominated professions. As Baker points out, the overall feminine culture of nursing may produce significant role strain, resulting from a conflict between gender and the new occupation. Baker suggested a number of strategies which may lessen role strain such as reducing sexist language in nursing media and educating the public, especially career counsellors, to view nursing as appropriate for both genders, in addition to increasing the visibility of men providing and teaching nursing.

Paterson, Tschikota, Crawford, Saydak, Venkatesh and Aronowitz (1996) also report that research regarding male nursing students is sparse, and what does exist is often 20–30 years old. These authors do refer to several older studies such as those of Okrainec (1994) and Streubert and O'Toole (1991) which suggested that high school and university students view nursing as a predominantly female profession.

The literature does show that there has been little research on males in nursing, and that which does exist reveals that males may have unique socialization issues as they enter and remain in the profession. There is little doubt that we need to encourage people who have the ability and qualifications to become good nurses to do so, regardless of gender. This study has, as its most basic rationale, the concept of equal opportunity at a local university level. Other research is discussed in relation to the findings in the Discussion section below. The study therefore further explores the experience of males in a nursing school and some strategies at the local university level to encourage recruitment and retention of males in nursing.

## **SAMPLING AND RECRUITMENT**

All males enrolled in undergraduate nursing at a regional Australian University (population 56 of a total student cohort of 600) were informed of the study and invited to participate. Ten males consented to be involved in the study. The informants ranged in age from 21–40, with an average age of 30.2. These informants consisted of four first years, two second years and four third year students. The age range of the informants was consistent with the average age of the population of male students (29.32). In contrast, the average age of females in the nursing program was 23.9. Four of the informants were married, three of whom were the primary income providers for their families. All informants had engaged in some prior clinical experience at the time the study was conducted.

## **CONSENT/CONFIDENTIALITY**

The study was approved by the university ethics committee. Written consent was obtained from all informants and the option to withdraw from the study, at any time, for any reason, was clearly explained. Informants were represented by numbers rather than names. The interviews were conducted in a private room at the university and the interviews were audio-recorded. The tapes and transcripts of the interviews were kept in a locked file accessible only to the investigator.

## **METHODOLOGY**

The research was conducted utilising a phenomenological investigation of the lived experience of males regarding entry as well as their ongoing experience of nursing from a male perspective. Guidance for the study was based on the tenets of interpretative phenomenology suggested by Benner (1984, 1994) and Oiler (1986). The overall goal of interpretative phenomenology is to reveal similarities and differences between the informants lived experience. The underpinning concept of interpretive phenomenology is that an individual's reflection on personal experiences is an important form of knowledge (Boyd 1988). The informants were individually interviewed using informal open ended questions concerning: (1) factors that influenced the informant's decision to initially enter nursing; (2) factors which hindered their continuance in the program; (3) experiences since commencing nursing; and (4) factors which they believed would encourage more males to enter nursing. Each interview lasted approximately 45 minutes and was audio-recorded.

## **Data analysis**

The first step in the data analysis was to replay the audio records while concurrently reading the transcripts to ensure accuracy of transcription and to permit any emotional tonal changes in the informant's speech to be described alongside the transcript statement. The transcripts were

analysed consistent with the suggestions made by Field and Morse (1985). Subsequently, significant themes phrases or words were highlighted. Then a trial series of core categories were identified and named. The core categories became the main headings in the findings section.

A 'trial fit' was used to ascertain if any remaining core categories were appropriate considering the informant responses. Words or phrases were then analysed under each category to ascertain the major content message or theme. Each theme within a category was then fine tuned and additional uncoded material was tested for fit into the established themes, examined for the need for further themes or to eliminate statements as either irrelevant or to be subsumed under existing themes. As themes and

core categories were refined, descriptive statistics were used to estimate the number of statements made under each core category and theme. Table 1 summarizes the core categories, themes under each core category and the numbers of informant responses under each theme. The trustworthiness of the data obtained from the perspective of the actual informants was validated by presenting the core category clusters and themes to the informants for checking the accuracy of the data in the light of their lived experience. In the descriptions of themes, the informant's actual words are used to accurately describe their experience. Both of these measures are advised as qualitative checks as recommended by Emden (1998) and also by Cutcliffe and McKenna (1999).

TABLE 1: CORE CATEGORIES AND THEMES (IN ORDER OF NUMBER OF INFORMANT RESPONSES)

CORE CATEGORIES	THEMES	No. of Responses
BECOMING A NURSE	Perceived job satisfaction and personality match	19
Experience of Choosing Nursing (total 72 responses)	Stability, opportunities and job security	17
	Encounters with nurses or other health professionals	16
	Lack of satisfaction in previous occupation	15
	Family support and influence	
REMAINING A NURSE	<i>Encouraging</i>	5
Factors encouraging or hindering continuing career choice (130 total responses)	Intrinsic reinforcement and positive feedback	30
	Friends and family	13
	Faculty support	12
	<i>Hindering</i>	
	Faculty/University	23
	Low self confidence	20
	Friends and family	13
	Financial disincentives	10
	Achieving balance	9
THE GENDER EXPERIENCE Informant experiences since commencing nursing (42 total responses)	Negativity in relation to the perception of perception of peers and staff that males were competitive	19
	Positive response from peers, clinical agency and patients	17
	Negative response from patients peers or nurses	6
RECOMMENDED RECRUITMENT METHODS FOR MALES (15 responses)	Increase positive aspects of the course and of nursing	8
	Change societal concepts of nursing	7

## LIMITATIONS OF THE STUDY

The study was exploratory in nature, and localised to a single Australian regional university. The findings may be generalised to other Australian universities and provide the basis for further research and reflection on practices which can support recruitment and retention of male students. A qualitative study is particularly valuable when it is intended to describe a phenomenon from the individuals perspective. Field and Morse (1985) suggest that qualitative methods are particularly useful when dealing with a phenomenon about which little is known. As discussed in the literature review, the experience of males in a female dominated profession has not been well explored in terms of the factors, themes or relationships pertaining to the phenomenon. In particular phenomenology was chosen as the research methodology because of its acceptance of data relating to experience as it exists for the individual (Field and Morse 1985), without manipulating data to fit a preconceived theory.

## FINDINGS

### Becoming a nurse

This category dealt with the initial factors which motivated the informants to choose nursing as a career. The theme with the greatest number of responses concerned the '*perceived job satisfaction of nursing*' and its match to the informants personalities. Informants reported the role of helping people and the potential of nursing in terms of personal development. Informants reporting this theme found that they were highly motivated to commence nursing because of either their own or friends and family perception of a match between the profession and their personality. Some verbatim statements reflecting this theme follow:

I felt that it best suited my personality. I needed to be able to help people or do good

instead of working on pure sciences that I couldn't see having any benefit to anyone.

I genuinely like helping people and helping them get better and make their life as good, it's a real buzz for me, and I really enjoy it.

The second highest theme related to nursing being able to provide '*stability, opportunities and job security*'. This further reinforced the above theme and indicated that informants perceived nursing as being a portable profession, with ample job opportunities, and one which is needed by the community. Several examples of verbatim responses exemplifying this follow:

When I finish this degree I'm actually going to have a good job with decent money and ... I will actually have a job that unless I totally screwed up I will have for the rest of my life, and it was that security that I wanted.

I think the main factor was that there'll be work if you want to look for it.

When it came down to it, nursing offered me a stable job I could take anywhere around the world.

The above concept also related to a '*lack of satisfaction in previous occupation*' in which informants reported either a lack of security or a lack of 'doing something worthwhile' with their previous lives. Example statements indicating this theme follow:

For the past 9 years I have been working in call centres for Telstra and the Commonwealth Bank and I realised there was no future in it for me.

I just couldn't see myself continuing doing surveying, it wasn't really me. It was pretty boring.

I couldn't stand doing accounting for more than 30 minutes at a time and I thought, not much of a career choice. I thought that I was not interested enough in business.

Another strong factor influencing career choice was '*Previous encounters with males in nursing*'. These previous encounters with other males in nursing were seen to reinforce the concept of career satisfaction, which either assisted the informants to initially choose nursing, or transfer from another career. This previous contact was either a result of contact with a successful male in nursing or as a result of being the recipient of care from a male in nursing. Several statements signifying this theme follow:

Another part of my inspiration as well was my wife was quite ill ... we were seeking a lot of advice and one guy in there, he was a male nurse. ... So seeing a male in the work force did sort of influence me to say hey I can do this, so it did help.

About two years ago I had a back operation and I saw how nurses were treating me and that, there was this one guy and he was real friendly, who was in second year.

My girlfriends father was a nurse and I saw him as a role model.

A few responses referred to '*family support and influence*' as motivators to choose nursing. A couple of verbatim examples follow:

My mum said that I would make a good nurse.

I was told I would do well in health, because I had a caring personality.

## REMAINING A NURSE

This category was divided into two sub-categories which were 'factors encouraging initial or continuing career choice' and 'factors hindering initial or continuing career choice'. The most significant theme encouraging the informants resolve to remain in nursing was '*intrinsic reinforcement and positive feedback*'. While '*low self confidence*' was listed as a theme hindering continuance in the course, it may be that as progression through the course occurs, positive

feedback through academic and clinical success acts to bolster confidence levels. Informants expressed quite positive feelings concerning their progress and increasing confidence in their ability to successfully achieve their goals, such as the responses to follow:

Some of the subjects to start with seem that they have very little relevance at all towards nursing, but as you go through you suddenly realise that oh yes, this is where it ties into another part of nursing ... As it's gone on you can see that the things we have learned in lectures are becoming much more relevant to the practical side of it.

Every time I do something new, that has spurred me on to keep going.

I have got the learning bug again.

In contrast with these positive responses, hindering the informants' resolve to remain in nursing was the theme of '*low self confidence*', indicating that informants felt fearful and apprehensive concerning their ability to successfully complete the program. This may be a result of the time away from formal study or a general lack of confidence in terms of the responsibilities inherent in the profession. A couple of examples of this theme follow:

Thought to myself, well I haven't been at school for 20 years, I don't know how good I am going to do, all these assignments and all the rest of it.

It's scary to think that I'm going to have all this responsibility ... I sort of have a bit of self doubt, I'm not going to be able to do this and am I going to get a job?

These feelings are also well reported by mature-aged students entering university for the first time, and may well be more about returning to study than gender (Jeffreys 2001). It is important, however, to note that the average age of male nursing students is six years older than

female students, placing more males in the mature age category.

There were also some responses which indicated that a component of the lack of confidence involved feelings of gender or role conflict. Statements indicative of this concept follow:

It's like they always want me to prove that even though I'm doing nursing I'm not homosexual and I am a man. It's insecurity.

My father accused me of being a homosexual ... and it just wasn't for guys.

I do get the occasional smart arse comment from friends ... the man in the skirt.

The role of '*friends and family*' was codified both negatively (13 hindering responses) and positively (13 encouraging responses). The hindering responses mainly concerned a negative societal perception of nursing in general or males in nursing specifically. It is interesting that most of the informants suggested that they did receive some negative responses from friends when announcing their decision to enter nursing. The majority of informants, however, indicated that this did not have a long lasting detrimental effect on their decision. Examples of these negative responses follow:

Well a few of the guys at work started having a bit of a go, saying nursing is girls work. I don't mind a bit of a joke, and I used to agree with them and say I look good in a dress, and that's why I chose it.

Yeah nothing like serious or anything, it was always jokes, just mucking around. A bit like water off a ducks back.

It was interesting that, although friends and family were perceived by some informants to have a discouraging effect on the initial decision to commence nursing, once the informant actually commenced, there seemed to be encouragement and even admiration for the

informant to continue. Verbatim examples of this follow:

They're all sort of starting to look up to me, saying yeah you're graduating ... The feedback I'm getting now is certainly a lot more positive than it was three years ago.

Some friends were real good about it, they could see me as a nurse, but they were a bit shocked when I made the decision, but now they're find with it.

The encouraging role of friends and family was often stated as 'financial assistance'.

Other family support was in the nature of direct positive reinforcement concerning the informant's decision to commence nursing because of a perceived match between the informants personality and the professional requirements. An example of each of these responses follows:

My parents have supported me in this decision as they have helped with money for textbooks and paying fees up front.

The people who do know me, knew that my personality would fit and thought it was great. It's all positive.

While '*financial disincentives*' were not mentioned as a frequent response, it would seem likely that they may be more of an issue for the mature aged male who was sometimes required to cease full time employment. A couple of examples of this response follow:

For me the biggest factor was giving up a very well paying job to basically start at the bottom of the rung again.

The financial constraints were an issue, having to raise a family on Austudy.

Related to the theme of '*low self confidence*' was the code of '*achieving balance*'. The nature of responses in this theme dealt with the inform-

ant statements indicating difficulty balancing responsibilities of earning a living, studying, relationships and servicing their other family and personal commitments. Statements reflecting this follow:

It becomes very stressful mainly because finding the balance between work, study and also maintaining a life outside of that area becomes very difficult and very hard to juggle.

I don't have a life, I have an office at home and I spend 99% of my time at home in front of the computer doing assignments or studying.

When you are doing full time uni and working 25–30 hours a week, you really don't have time to study and socialise.

The theme '*faculty support*' concerned encouraging responses in relation to positive feedback from faculty members or extra academic and personal assistance given to informants. While this positive aspect was unbalanced by a higher response indicating a lack of support, a couple of responses following indicate this positive aspect:

Yeah. The faculty here have helped me so much. As you know I've had a few problems along the way ... Everybody has really gone out of their way to help me and I'm sure it's not just me. I'm sure there are other people who feel the same way. So, yeah I'm happy.

There has been a couple of lecturers who've said, you'll do well, which has helped me enormously. Once or twice it's happened right at times when I've thought the workloads enormous.

A number of informant responses concerned the supportive role of the 'Male Discussion/Support' group activities (commenced in 2004). There were several positive responses made in relation to this group such as the verbatim examples to follow:

I actually think that group (Male Support Group) we had a couple of weeks ago (Male Support Group) was a good idea ... There was one guy, he had an incident and he didn't really know if he wanted to continue with it, but there might be more like him that drop out and we don't know why.

I think the discussion groups for males is a really good thing. I'm really enjoying going to these, it's great. You know the meeting other people in the same situation.

Negative comments made by informants concerning lack of support by the '*Faculty/University*' were commonly in relation to the informants perception that males were treated differently, particularly in relation to practical subjects. Males felt pressure to act as the patient model for topics such as physical assessment. This pressure would seem to come equally from peers and academics. Some verbatim examples follow:

When we go into labs and stuff, our nursing labs, and there's not too many (female) students volunteering to come and help. There was 5 females in one lab and me, so I had the shirt off ... they're still thinking of it as a sexual thing and not a job, you know what I mean ... a modesty thing maybe.

In one of our classes there are only two males in it. We're pretty much singled out to role play the patient. This mainly comes from the female academics.

## GENDER EXPERIENCE

This category related to the experiences of the informants since commencing course. A number of informants reported that they had received a '*Positive response from peers, clinical agency staff and patients*'. Many of these responses indicated that staff and patients seemed to appreciate the enthusiasm of the informant in relation to the nursing role. The responses also suggested that they were made to feel part of



the team, with some staff commenting that they would like to see more males in the profession. Informants reporting under this theme were very encouraged by their acceptance in the profession. Verbatim examples of these responses follow:

I have had very, very positive experiences with all my placements so far, and I think it is due to the fact that I've been very willing to just to get in and do what has to be done and not stand back and wait for people to tell me what to do.

When I do talk to them (female peers) it's all positive ... There's been no negative comments or feedback from any of them. I guess they feel like I get treated like anyone else.

The nurses I've worked with have all been very supportive of males in nursing, and all want to see more males.

Most of them (Registered Nurses) find it's really good to see guys in nursing.

There were a smaller number of '*Negative responses from patients, peers or nurses*'. Most of these in relation to patients concerned older females, or females with gynaecological conditions. Informants reporting this theme seemed to accept this is a reality, rather than a negative reflection on their own abilities. A couple of examples of these responses follow:

There was one lady that refused me to shower her. She was an older lady and she was probably only used to females helping her, and so I accepted that.

One patient had a PV bleed. When I answered her bell, she asked for a nurse, and I just on the tip of my tongue went to say I was a nurse, but instead I went a got a female nurse.

One response indicated that the informant believed female nurses expected males to be less compassionate and that they would have dif-

ficulty with the emotional needs of patients. This informant appeared to be quite surprised by this negative expectation:

I find some of the female nurses have a different expectation of you. At times they expect you to maybe be a little less compassionate, but I think that's just a social construction of the male gender, because they are expected to be not as caring, but that's changing.

A surprising number of informants in this core category gave comments coded as the theme '*Negativity in relation to a perception of peers and staff that males were competitive*' and would somehow be promoted either away from the bedside, or at least to supervisory positions. The theme also included informant responses concerning female class cohorts who also indicated a need to compete academically with males. Verbatim examples of these responses follow:

Unfortunately it is one of those things that males, have always been the climbers, they've always tried to get ahead by fair means or foul, and usually people get trodden into the ground, unfortunately a lot of those seem to be the female workers and I don't think that that perception is really true in this day.

I'm quite narky at the fact that they think (female peers) that I'm a male and that they will have to work a hell of a lot harder than me to get the same opportunities and promotions that I will get.

Everyone where I used to work think I'm in nursing to go up the ladder, and I believe it's true that men do advance faster in nursing than women.

You get the odd few (female peers) that really like to compete with the guys, say in marks.

Other responses indicated that some females saw males in particular areas of nursing as an overt sexual threat, based on certain unfortunate stereotypes which suggested that males may either choose certain areas of nursing for

nefarious motives or may simply not understand 'women's business'. These informants were quite disappointed and even a little irate in relation to judgements such as these. Verbatim examples of these responses follow:

I told a midwife I was thinking of doing midwifery and asked about seeing a birth. She was very angry about that, and said males should not have anything to do with it ... It was basically coming down to women's business.

I did have one girl sort of rolled her eyes at the idea that I wanted to do paediatrics oncology ... I think her impression of male nursing was that ... a male nurse shouldn't be anywhere near kids. Yeah, just because of the simple stereotypes that all males are going to abuse kids.

## RECOMMENDED RECRUITMENT METHODS FOR MALES

This category covered various informant responses in relation to strategies to attract more males to the profession. In this category there were two interrelated themes of *'Increase positive aspects of the course and of nursing'* and *'Change societal concepts of nursing'* that were characterised by informant comments suggesting that very few males entered nursing directly from school, either because of a failure of school counsellors to suggest nursing as a viable career choice for males, or even due to a bias in favour of male-dominated occupations. The other concept, which was voiced by several informants, was the public perception that nursing was a surprising occupation for a male or seen only as an entry point for a perceived higher status profession. Informants reporting these themes appeared to be frustrated by these perceptions in the current climate. Verbatim examples of these themes follow:

I think some male nurses should go out to high schools to talk to the year 12 students.

Nobody really ever mentioned nursing to me in high school and I didn't know that I could. It's pretty tough coming from an all boys school to do a female course.

Maybe promoting nursing as a viable career for males.

One guy, he wanted to do something that was totally out of character – he wanted to be a hairdresser and they convinced him, no you need to be a train driver.

Oh okay a male nurse, do males do those things? Are you going to do medicine, and I answer no, I'm just going to be a nurse. They see it as a leg up to do medicine.

## DISCUSSION

A number of informants reported that their previous occupations, while in some cases providing good remuneration, did not offer long term stability or satisfaction. Family influence while important was not the major motivating factor determining enrolment in the nursing program.

The informants believed nursing offered them the ability to progress in a field which offered good remuneration, portability of employment, and a closer match to their personality. These findings were also supported by Boughn (2001) who found in her study that the majority of male informants clearly indicated that they entered the nursing profession because they expected a good salary and working conditions, whereas only a minority of her female informants had similar motivations. Boughn also found that high school career counsellors for both genders failed to suggest nursing as an attractive career choice. The respondents in the present study reported that contact with male nurses who portrayed nursing in a positive light had a pivotal role on their decision to enter the profession.

Oxtoby (2003) suggested that the recent positive media portrayal of males in nursing has

correlated with a steady rise in the number of males entering nursing in the United Kingdom. A more gender neutral portrayal of nursing may attract more school leaver aged males to the profession. It is strongly recommended that male registered nurses attend school career promotions. In these school sessions, registered males could present their experiences and cases where they were able to make a difference. Strategies such as these were utilised by researchers such as Williams (2002) who reported on a program at the University of Texas in which strategies such as the above were able to increase the number of male students to 30% of the total cohort.

In relation to the category 'Factors Hindering Choice', it would seem that a number of informants were suffering stress as they returned to studies. Jeffreys (2001) recommended the formation of a support program to assist the non-traditional (non school leaver) student. The program developed by Jeffreys (2001) included services such as mentoring, tutoring, study groups and guidance counselling, etc. The male support/discussion group implemented at this university was based on these recommendations. Fitzgerald, (1993) also recommends these groups as a method of male-to-male bonding and the sharing of unique nursing experiences. The population of males in nursing in the present study is, in the majority, mature aged learners (average 29.32 years). These students usually have significant life and occupational experience. Academics need to recognise that these learners, although highly motivated, may need a flexible approach to learning and assessment, given the competing demands on their time and energy. The need to support this group of mature aged students must be recognised if a reduction in stress and subsequent attrition is to be achieved.

The number of informant responses indicating a positive regard for males in nursing strongly outweighed the negative responses (37% versus 13%). What was unexpected was

the large number of responses indicating that the informants perceived conflict from female peers regarding competition with them for grades or promotion. This perception of competition from female peers was also reported by Oxtoby (2003). The male informants in Streubert's (1994) study also reported that they perceived both covert and sometimes even overt conflict with females. These informants also reported that they often found working with women different to their previous workplace experiences (in which there was more gender balance).

Based on the results of this study, a strong recommendation must be made to market nursing in a more androgynous manner. An essential component of this recommendation is to support and educate both family members and high school counsellors that males choosing nursing have a legitimate and necessary role in the nursing profession. As Williams (2002) suggests, this strategy can be enhanced by more active positive role modelling from successfully practicing males in nursing.

## CONCLUSION

While the findings of this study cannot be generalised, there is no doubt that it has revealed that there is still much to be accomplished in this university's catchment area to enable males in nursing to feel more comfortable in their choice to commence and remain in nursing. Some of the strategies suggested from this study follow:

1. Present the profession from a more gender neutral perspective via such activities as the following:
  - (a) Encourage male Registered Nurses and male faculty staff to join their female colleagues in local high school career promotion exercises;
  - (b) Visit local high school career counsellors, clearly explaining the career opportunities available for males entering nursing; and

- (c) Take advantage of every media opportunity to promote nursing as a gender neutral profession via strategies such as stories of successful males in nursing.
2. Support minority groups in nursing, including males, through further exploration of more flexible learning and assessment methods in order to meet unique student needs. A major objective of this strategy being to improve overall retention of minority student groups. A component of this exploration would be investigation to explore the mechanisms by which males in nursing learn.
3. Further explore the perception of competition and conflict between males and females in nursing, and develop strategies to provide more accurate information to reduce these perceptions.

In addition to these general strategies, this university will continue with Male Discussion/Mentoring groups to enable the voices of males to be heard. There is also a need to repeat studies such as this in other Australian universities. The quintessential art of caring is also important. In this era of nursing shortages, it is appropriate that we encourage participation to all potentially effective carers, irrespective of gender.

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